

**FILED**  
7/16/2021

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**SHEDRICK BOWES NORTHERN**

Plaintiff

v.

**CHICAGO POLICE DEPARTMENT**

Defendant

Case Number: **1:21-cv-03351**

Judge: **MR. CHARLES NORGLER**

Magistrate Judge:

On July 12th, 2021, I filed an amended complaint with the majority of all defendants that are listed in case number 1:21-cv-03351. It was filed but not added to the docket. I was told to file another form with the defendants listed. I have attached the amended complaint form to this form that has all defendants listed in the amended complaint and the list of defendants I was told to list again. Somehow the amended complaint defendants weren't added to the docket. Attachments to this form are listed below.

1. Amended defendants in the civil complaint listed above
2. Amended complaint cover sheet
3. Amended Complaint for Violation of Constitutional rights
4. Advocate Trinity hospital record documents



[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

**FILED**  
7/13/2021

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THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**  
7/12/2021 LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**SHEDRICK BOWES-NORTHERN**

**AMENDED**

\_\_\_\_\_,  
Plaintiff(s),

vs.

Case No. **1:21-cv-03351**

**CHICAGO POLICE DEPARTMENT**

\_\_\_\_\_,  
Defendant(s).

**COMPLAINT FOR VIOLATION OF CONSTITUTIONAL RIGHTS**

*This form complaint is designed to help you, as a pro se plaintiff, state your case in a clear manner. Please read the directions and the numbered paragraphs carefully. Some paragraphs may not apply to you. You may cross out paragraphs that do not apply to you. All references to "plaintiff" and "defendant" are stated in the singular but will apply to more than one plaintiff or defendant if that is the nature of the case.*

1. This is a claim for violation of plaintiff's civil rights as protected by the Constitution and laws of the United States under 42 U.S.C. §§ 1983, 1985, and 1986.
2. The court has jurisdiction under 28 U.S.C. §§ 1343 and 1367.
3. Plaintiff's full name is **SHEDRICK BOWES-NORTHERN**.

*If there are additional plaintiffs, fill in the above information as to the first-named plaintiff and complete the information for each additional plaintiff on an extra sheet.*

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

4. Defendant, **JOEL GORDILS #8451 (CHICAGO POLICE OFFICER)**, is  
(name, badge number if known)

☒ an officer or official employed by **CHICAGO POLICE DEPARTMENT**;  
(department or agency of government)

or

☒ an individual not employed by a governmental entity.

*If there are additional defendants, fill in the above information as to the first-named defendant and complete the information for each additional defendant on an extra sheet.*

5. The municipality, township or county under whose authority defendant officer or official acted is **CITY OF CHICAGO**. As to plaintiff's federal constitutional claims, the municipality, township or county is a defendant only if custom or policy allegations are made at paragraph 7 below.

6. On or about **SEP 21ST 2020**, at approximately **6:04** ☐ a.m. ☒ p.m.  
(month, day, year)

plaintiff was present in the municipality (or unincorporated area) of **CHICAGO**

, in the County of **COOK**,

State of Illinois, at **11839 SOUTH STATE STREET**,  
(identify location as precisely as possible)

when defendant violated plaintiff's civil rights as follows (*Place X in each box that applies*):

- ☒ arrested or seized plaintiff without probable cause to believe that plaintiff had committed, was committing or was about to commit a crime;
- ☐ searched plaintiff or his property without a warrant and without reasonable cause;
- ☐ used excessive force upon plaintiff;
- ☒ failed to intervene to protect plaintiff from violation of plaintiff's civil rights by one or more other defendants;
- ☒ failed to provide plaintiff with needed medical care;
- ☒ conspired together to violate one or more of plaintiff's civil rights;
- ☐ Other:

**SEE ATTACHMENTS**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

7. Defendant officer or official acted pursuant to a custom or policy of defendant municipality, county or township, which custom or policy is the following: *(Leave blank if no custom or policy is alleged)*: \_\_\_\_\_

8. Plaintiff was charged with one or more crimes, specifically:

**720ILCS 5.0/24-1.6-A-2 & 720 ILCS 5.0/12-2-C-1**

9. *(Place an X in the box that applies. If none applies, you may describe the criminal proceedings under "Other")* The criminal proceedings

☐ are still pending.

☒ were terminated in favor of plaintiff in a manner indicating plaintiff was innocent.<sup>1</sup>

☐ Plaintiff was found guilty of one or more charges because defendant deprived me of a fair trial as follows \_\_\_\_\_

☐ Other: \_\_\_\_\_

<sup>1</sup>Examples of termination in favor of the plaintiff in a manner indicating plaintiff was innocent may include a judgment of not guilty, reversal of a conviction on direct appeal, expungement of the conviction, a voluntary dismissal (SOL) by the prosecutor, or a *nolle prosequi* order.



**SEE ATTACHMENTS**

**SEE ATTACHMENTS**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

14. Plaintiff also claims violation of rights that may be protected by the laws of Illinois, such as false arrest, assault, battery, false imprisonment, malicious prosecution, conspiracy, and/or any other claim that may be supported by the allegations of this complaint.

**WHEREFORE**, plaintiff asks for the following relief:

- A. Damages to compensate for all bodily harm, emotional harm, pain and suffering, loss of income, loss of enjoyment of life, property damage and any other injuries inflicted by defendant;
- B. ☐ (*Place X in box if you are seeking punitive damages.*) Punitive damages against the individual defendant; and
- C. Such injunctive, declaratory, or other relief as may be appropriate, including attorney's fees and reasonable expenses as authorized by 42 U.S.C. § 1988.

Plaintiff's signature: \_\_\_\_\_

Plaintiff's name (*print clearly or type*): **SHEDRICK BOWES-NORTHERN**

Plaintiff's mailing address: **P.O. BOX 152**

City **PORTAGE** State **IN** ZIP **46368**

Plaintiff's telephone number: **(312) 292-1945**.

Plaintiff's email address (*if you prefer to be contacted by email*): \_\_\_\_\_

**JOPLUGGAENT@GMAIL.COM**

15. Plaintiff has previously filed a case in this district. ☐ Yes ☒ No

*If yes, please list the cases below.*

*Any additional plaintiffs must sign the complaint and provide the same information as the first plaintiff. An additional signature page may be added.*

**SHEDRICK BOWES-NORTHERN AMENDED DEFENDANTS:**

CASE NUMBER 2:21-CV-00195:

SYDNEY SCOTT(WITNESS), STEPHEN SMITH (SUPPOSED VICTIM), FRANCOIS NORRIS(WITNESS), JUDGE FREDRICK BATES (COOK COUNTY CIRCUIT COURT JUDGE), EPHRAIM EADDY(COPA PUBLIC INFORMATION OFFICER), ANDREA KERSTEN(COPA CHIEF OF INVESTIGATIVE OPERATIONS ), ANGELA HEARTS-GLASS(COPA DEPUTY CHIEF INVESTIGATOR ), ERICA SANDERS(COPA INVESTIGATOR), DAKITA MILLER(COPA INVESTIGATOR), JOEL GORDILS #8451 (CHICAGO POLICE OFFICER), TONI PRECKWINKLE (COOK COUNTY COMMISSIONER), ZAUL QUIROZ #6331 (CHICAGO POLICE OFFICER), ANATHEA SMITH #19338 (CHICAGO POLICE DEPARTMENT), JONATHAN CRUZ ACEVEDO #16367 (CHICAGO POLICE OFFICER), JAY ROBERT PRITZKER (ILLINOIS GOVERNOR), TRACY DREW #13167 (CHICAGO POLICE DEPARTMENT), KORY PIERCE #12045 (CHICAGO POLICE DEPARTMENT), KELLY CUSACK #1217 (CHICAGO POLICE DEPARTMENT), ILLINOIS ELECTION BOARD, CHERYL SPENCER (SYDNEY SCOTT MOTHER), COOK COUNTY DEPARTMENT OF CORRECTIONS, COOK COUNTY CIRCUIT COURT, ADVOCATE TRINITY HOSPITAL, DARRYL AUGUSTE (COOK COUNTY STATE ATTORNEY)



My name is Shedrick Bowes-Northern. On September 21st, 2020, I was arrested and charged with aggravated assault with AGG ASSAULT/USE DEADLY WEAPON 720 ILCS 5.0/12-2-C-1 and AGG UUW/PERSON/CM THREAT VIOL 720 ILCS 5.0/24-1.6-A-2 by the Chicago police department after dropping my daughter Shevellia kidney medicine off at her grandmother Cheryl Spencer house located 11839 south state street in Chicago, IL.

I called Cheryl Spencer, Sydney Scott's mother, and told her that I was in the area and wanted to drop off our daughter's kidney medicine. She said she would have me come to the daycare where she works, but if I'm closer to her house, I could knock on the door and give medicine to Junior, Sydney Scott's father.

I knocked on the door of Cheryl Spencer's house as she told me to do. Sydney Scott answered the door then shut it quickly, playing around. Then I said to her that I'm going to leave our daughter's medicine in the mailbox. I started recording when she said that she's about to open the door to get our daughter medicine. As I walked off the porch, Sydney Scott's other child's father, Stephen Smith, pulled up. Stephen Smith asked me what the fuck was I doing over there and what did Sydney Scott and me messing around behind his back. As I was walking off the porch, I told him that I was just over there to drop our daughter's medicine off and that it wasn't anything going on between Sydney Scott and myself. He continued to walk towards me angrily. As I got closer to my vehicle, Stephen Smith walked up and hit me in the face with his fist. I got into my vehicle to call the police. Stephen Smith started walking back towards my vehicle, yelling. That's when I grabbed my registered Glock 10mm out of the glove department. He said that I'm not on shit, then walked into Cheryl Spencer's house.

I called the Chicago police and explained to the 911 operator that I have an active protection order on a person who just hit me. The 911 operator asked me if there were any weapons involved. I told the 911 operator that I have a concealed and carry permit and informed the 911 operator that I have my gun on the front seat of my car just in case Stephen Smith tried to attack me again. As Stephen Smith was attempting to leave, I called 911 again. Chicago police officers Zaul Quiroz #6331, Joel Gordils #8451, and Anatheia Smith #19338 arrived by that time.



Chicago police officer Joel Gordils #19338 asked me did I have the order of protection court documents that the court gave me. I tried to show Chicago police officer Joel Gordils #19338 the order of protection emailed by Cook County Domestic court to Stephen Smith and myself from the Cook County domestic violence division. On my phone, Judge Marina E. Ammendola, Cook County Clerk, sent earlier that same day via email from [samix@cookcountycourt.com](mailto:samix@cookcountycourt.com) at 2:04 pm. Still, he refused to look at it on my phone from the email I received. Joel Gordils stated that he looked in the system that lists the active protection order, but the protection order wasn't listed. The order of protection Case number is 20-OP-74452. According to Cook County Domestic relations division, the order of protection was active since 07/10/2020. Stephen Smith and I received emails from [samix@cookcountycourt.com](mailto:samix@cookcountycourt.com) Mon, September 21st, 2020, at 2:04 pm.

I told Chicago police officers Zaul Quiroz #6331, Joel Gordils #8451, and Anatheia Smith that Stephen Smith hit me in the face. I tried to show Zaul Quiroz #6331 and Joel Gordils #8451 the protection order on my phone, but the officer said it should be in the system. Joel Gordils #8451 is seen walking over to Stephen Smith. Stephen Smith lies and tells Joel Gordils #8451 that I pointed a gun in his face, and the last time I was over there, I pulled out a gun on a date before September 21st, 2020. Joel Gordils #8451 walks back to my vehicle, where my 10 mm Glock is on the car's seat in plain view. Zaul Quiroz #6331 reaches into my car and gets my registered gun seen on my vehicle's passenger seat. Zaul Quiroz #6331 is seen observing my weapon and unloading the clip. You can see on Zaul Quiroz #6331 body cam that a bullet wasn't in the chamber of my gun. Which questions Stephen Smith, Francis Norris, and Sydney Scott signed statements saying they saw me point a firearm at Stephen Smith. It's no purpose to point a gun at someone without a bullet being in the chamber.

You can hear my request for a sergeant numerous times before being wrongfully arrested. In retaliation for me, I asked for sergeant and recording officers Zaul Quiroz #6331 and Joel Gordils #8451. They began to get upset. Joel Gordils #8451 said You have an order of protection against Kimberly, " which means he never checked the system for an order of protection listed against Stephen Smith. When I asked the officer for a white shirt, a sergeant called 911 all right and then called 911 for a sergeant. Joel Gordils #8451 said that I wasn't telling him everything that

happened. After being angry about me recording and requesting for Chicago police sergeant.

I told Chicago police officers Joel Gordils #8451 and Zaul Quiroz #6331 that I grabbed my registered gun from my vehicle glove department. Which is the same thing I told the 911 operator. I informed the officers that I had been going through problems with Sydney Scott and Stephen Smith. I told Joel Gordils #8451 that I tried to show him the protection order on my phone, but he refused to look at the court documents that Cook County Circuit Court emailed me, which is case number 20-OP-74452 that was emailed to Stephen Smith and myself. I asked Joel Gordils #8451 and Zaul Quiroz #6331; Zaul Quiroz said his badge number is #6331, and the other officer Joel Gordils said his badge number is #8451. Then the officer said that since everything is being recorded, we have to do many different actions cause right now, what we are being told over there is a lot different from what you are saying. I told Joel Gordils #8451 and Zaul Quiroz #6331 to do what he does. They told me to put my hands behind my back, placing handcuffs on my hands.

You can hear Chicago police officer Tracey Drew #13167 ask me a sexual comment asking me, asking me am I out here smashing dudes? Meaning having sexual contact with another man. After that, you could hear Chicago police officer Tracey Drew #13167 ask Chicago police officer Kory Pierce #12045 if he sees a camera in the sky. You are saying that the police camera captured everything that happened. Chicago police officer Anatheia Smith #19338 responds, saying that she sees the camera. I Shedrick Bowes-Northern responded by saying check the police light pole cameras for they could see what happened.

Joel Gordils #8451 walked back to where Chicago police officers and I stated that he looked up the protection order, but nothing came up in the Chicago police database.

When I walked to the car in handcuffs, officers searched for my vehicle keys to roll my windows up and lock the doors. Chicago police officer Kory Pierce made a sexual comment asking me if I had my car keys in my genital area if I had to fight. I told them to ask the FBI how I don't fear anybody but the God of Israel, which means the God of Abraham, Isaac, and Jacob. Me being a Hebrew-Israelite prophet appointed by God from the tribe of Judah, I know about my real identity



being from Israel and not from Africa. A Hebrew-Israelite from the tribe of Judah by blood and not religion. The same bloodline of Jesus Christ, King David, Solomon the wisest man that ever lived, Martin Luther King Junior, Malcolm X, Larry Hoover, Jeff Fort, Oprah Winfrey, Kim Foxx, Sean Carter, Harold Washington, Fred Hampton, and Rickey Royal your honor. Which some I send religious and spiritual books to try to get them closer to God. Mr. Royal gave his life to God, and now we both mentor young adults about the importance of God, not joining gangs, loving themselves, and making better choices in life. The nonprofit is called "I AM MY BROTHERS KEEPER PRISON MINISTRY BOOK CLUB." This organization helped me file this complaint pro se.

Chicago police officers Tracey Drew #13167 and Kory Pierce #12045 drove me to the Chicago police 5th district station at 727 E 111th St, Chicago, IL. I started getting anxiety from being wrongfully arrested for doing the right thing by contacting the Chicago police department instead of taking matters into my own hands. Officer Tracey Drew #13167 and Kory Pierce #12045 are seen on CPD body cameras laughing at me arrested. They were making jokes out of me being a victim. The only thing that calmed me down was forgiving the officers and praying for their safety. Thinking about what God would want me to do. As I was walking in the station, you could see me asking officers have they ever accepted Jesus Christ as their personal Lord and savior. Thinking about how Jesus the Messiah from the tribe of Judah said forgive those that wrong you.

I wasn't giving a Covid-19 mask in the Chicago police department vehicle to wear, which put my life in further danger to catch the deadly virus Covid-19. When beat 571 and I arrived at Trinity hospital, it was a lot of people there. Even though Chicago police officers from beat 571 had a mask to protect themselves from deadly viruses, I still wasn't giving a mask. When Trinity hospital's female staff was checking me in for approximately 10 minutes, I started coughing. The Trinity staff member looked at Chicago police officers, asking them if they could give me a mask. I could feel swollen in my feet. I told Chicago police officers from beat 571. However, they said it's the Chicago police department's policy to keep ankle cuffs on my legs until I arrive at the Chicago police department's 5<sup>th</sup> district station. Trinity hospital said that it's no record of me ever being in their hospital when Chicago police department unit 571 transported me there, which is why they are listed in the lawsuit.

Chicago police officer Zaul Quiroz #6331 arrested me under Shedrick Northern, which is the name that my registered gun is under. The Chicago police department took from me when they wrongfully arrested and falsely imprisoned me. The Chicago police department has Shedrick Bowes on the final report approved by Cook County state attorney Darryl Auguste, which he's listed in this civil complaint. Darryl Auguste approved charges that could've been avoided. I'm a victim of Cook County state attorney corruption.

On September 22nd, 2020, I was picked up by the Chicago police department transportation unit for the court at the Cook County Department of Corrections building. I told Cook County medical staff that my feet were hurting me. She said don't come there with all that complaining. After I saw her, I was giving a Covid-19 test. The nurse touched the top of my nose with a testing swob. When I asked the nurse if this the proper way to do the test, she told me to stop asking questions. When I was in the dressing room, the Cook County Department of Correction staff refused to keep on my specially made diabetic shoes. I started having anxiety attacks fearing that I would catch Covid-19 from an inmate or Cook County staff members. Suppose I didn't already have it from one of those Chicago police officers, Trinity hospital emergency room visitors, jail cells, or Chicago police department transport vehicle. I have many medical conditions: high blood pressure, diabetes, Gerd, and other medical conditions that increase the risk of catching the deadly virus Covid-19. When I got out of the county after being in jail for two days, my foot was swollen from poor circulation from Chicago police beat 571, putting the cuffs on my ankles tight. I also suffered hand soreness from the cuffs being tight on my hands that left marks.

Cook County Department of Correction staff gave me some shoes and a uniform to put on. I explained to correction officers that my feet were hurting and swollen from the Chicago Police putting on ankle cuffs too tight and that the shoes I had on are specially made diabetic shoes that help. The correction officer said that the shoes I had on didn't look like no special diabetic shoes. He stated they look like regular shoes to him. Cook County department of corrections officers forced me to put on Cook County inmate detainee shoes, which made the injury from the Chicago police department's ankle cuffs worse.



When I arrived at the Cook County medical unit, medical inmates were mixed in with psychosis inmates for medication reasons, and they stated when I asked. Some of the inmates had yellow jumpsuits on. It was hard for me to get any rest. They said that I should've brought my milk carton to the unit if I wanted a cup. I asked the Cook County department of corrections staff for medical help for the foot pain. They said that the doctors are gone for tonight. And that I better open my mouth and ask one of the inmates do they have a pain pill into I go to meds in the morning. I woke up with a Mexican guy over my bed; he was Psychotic and was looking for food. I told him to move away from my personal space. I couldn't go back to sleep. When I finally did doze, back off.

I woke up with that same inmate masturbating, looking at me from his bunk. At that point, I was nervous and feared that I would be harmed. One of the detainees told him to stop. He started smiling, looking at the other inmate and me. The inmate next to me said those are called clappers. That's why the other inmates had on yellow suites cause they were caught masturbating.

I was released from the Cook County Department of Corrections on September 23rd, 2020. On a bail of \$5,000, of which \$500 was required for me to bond out.

I went to the Chicago police department, where I was arrested and taken to on 111<sup>th</sup>. I requested to speak with a sergeant. I showed sergeant Richmond #6417 the video of the arrest and explained to him what happened. He stated that they never should've arrested me. He asked me what happened with Stephen Smith. I told him that nothing was done about him assaulting me. He wrote a supplementary report listing Stephen Smith as the offender and me as the victim. The supplement report was approved by Chicago police department sergeant W. Shepler #1764 on September 25th, 2020.

When I called the number on the report to file charges, I was disrespected with hateful words and lied to. The number I called is 312-747-8271. When I called on October 15th, 2020, Sergeant Weinstein picked up. I'm not sure if that's the correct spelling of his name. He said that since I was arrested that I can't file criminal charges against Stephen Smith. He disrespected me by laughing about Laquan McDonald being murdered by Chicago police, which is heard in the audio that I'm providing. I filed a complaint with Chicago police and called the FBI to

report hate crimes from Chicago police. I was told that I should bring an audio recording with me to court.

I am depressed, stressed, in fear of coming to the city of Chicago, IL. I do not know what to do. I have been fighting this battle for my kids for 4+ years now. I do not understand why they would arrest me when I called them after being assaulted. I know the Illinois and Indiana gun laws. You cannot have your weapon outside of your vehicle. I told the officer I never exited my vehicle. When I was released, I came to the police station and got a supplement report from a sergeant after showing him the order of protection and the video, which is why he did the supplement report. The Chicago police department ruined me enjoying life with my children and family, they have me at risk of getting my toe cut off from the injury I received due to the ankle cuffs, and I haven't seen my kids. Copa, which stands for

I reported to the Civilian Office of Police Accountability, nothing but a coverup for Chicago police department misconduct, innocent killings, racism, discrimination, and corruption. Copa isn't legally certified to investigate police misconduct and shootings. Chicago police don't use civilians to investigate shootings when they are injured or killed. They utilize trained professionals. The Illinois and Cook County Inspector general has stated that Copa isn't right or equipped for Chicago police department investigations and misconduct.

Civilian Office of Police Accountability is listed for corruption, depression, stress, the confusion they have caused my family and me. I'm requesting that Illinois lawmakers change Indiana concealed and Carried laws. Chicago is a dangerous city. Indiana residents shouldn't have to be unsafe cause of criminals making wrong decisions. It's not fair that you could bring your gun to Indiana with your Illinois concealed and carry. And have it on you at all times. But when Indiana residents come to one of the most dangerous cities in America, Chicago, we could only have our weapons in our vehicles. Indiana doesn't do Illinois residents like that. They need to show us the same respect according to laws and stop blaming Indiana for criminals committing crimes by their choices with guns. Copa has proven that they aren't able to investigate police shootings or police misconduct. They are part of the problem in Chicago violence problem. Copa's website is listed on the Chicago police department website. They are a coverup department for



corruption. That's why Sydney Roberts resigned after Anjanette Young's illegal raid.

On September 27th, 2020, after seeing that my feet were getting bigger and my hands were swollen from ankle and handcuffs, I went to Franciscan Health Hospital for the pain. The following day my pain had worsened. I went back to the same hospital. They said that it's only so much they could do for the pain and swelling. I went to my family doctor Andi Arnautovic for further treatment. Doctor Andi Arnautovic referred me to physical therapy and pain clinic. On Oct 4, 2020, I sent Doctor Andi Arnautovic a video with the text of my foot skin coming off. I never had an ulcer, so I didn't know what it was. I started therapy at ATI on Sep 29, 2020, until December 23<sup>rd</sup>, 2020. Doctor Andi referred me to a foot specialist as he saw my foot was getting worse, Doctor Muhammad. Now I'm currently seeing a wound clinic doctor.

The doctors wrote letters for me not to work and stay off my feet, causing me depression, anxiety, worry, stress, and making my life unpleasant and unhappy. This innocent is affecting me in all different types of ways. I only deal with the pain through counseling from my therapist Dr. Hannah and my spiritual advisor Mr. Royal. I can't do things in life that I could do before I was wrongfully arrested, injured, humiliated, discriminated against. Sydney Scott, Francis Norris, and Stephen Smith signed false statements against me, assisted by Chicago police officers listed above. Chicago police wrongly arrested me for doing the right thing by calling the police, requesting a sergeant, and video recording, which all are legal to do in the state of Illinois. Chicago has a long history of corruption, wrongful arrest, and misconduct.

The nationality affected by the Chicago police department corruption the most is Hebrew-Americans from the tribe of Judah, better known as African Americans, Negroes, Blacks, or colored people.

I want the court to order Judge Fredrick H. Bates's corruption and misconduct to be investigated. He is punished for his wrongdoing for violating my civil rights and disrespecting the law system. I want him federal charged for the crime. I'm requesting to be compensated for all the pain and suffering from his misconduct. I would like for the Cook County circuit court to be investigated for judicial misconduct of Judge complaints. I want the State of Illinois Judicial inquiry board

investigated for their part in Illinois Court misconduct cases. I want the chief judge to investigate federal for his part in Judicial corruption crimes and coverups. I want to be compensated for emotional distress, depression,

I'm requesting financial Compensation for Medical Care, loss of wages, Loss of Companionship, Mental Anguish, Stress and Anxiety, Negligent Infliction of Emotional Distress, Punitive Damages, Defamation, counseling, loss of sleep, loss of happiness and joy, lost time with my children, lost time with family and friends from all parties listed in the civil complaint lawsuit. My wound doctor said that I would need a foot cast for the ulcer to heal on the bottom of my foot from the Chicago police department placing ankle cuffs on my ankles. I'm currently waiting on medical records to show the court how serious this has affected my life. All defendants listed above ruined my reputation, good name and destroyed relationships with my children, family, and friends. They didn't only hurt me, but they hurt my three children. I'm requesting reimbursement for pro sue attorney fees. All defendants reimburse Northern district federal court fee waiver charges that the judge may waive due to me receiving Social Security benefits that qualify me to receive a fee waiver.

Last request, which is the essential request if I win this lawsuit. I am asking that J.B. Pritzker and Mayor Lori Lightfoot place God back in Illinois and Chicago. Meaning put prayer back in schools. The mayor and governor have tried everything to regain control of Chicago streets to make them safe again, but nothing seems to work. It will only get worse without God being in the picture. I'm asking both of them to have meetings with ex-gang leaders Larry Hoover and Jeff Fort to see what could be done to stop Chicago's violent streets. Larry Hoover and Jeff Fort are close friends. When U.S. Rep. Congressman Bobby Rush met with Larry Hoover and Jeff Fort, it was a sign of hope, unity, and peace for Chicago violence. These two men could save lives by joining together to promote love, peace, growth, harmony, respect, and development in poor black communities. Who served harsh sentences that formed gangs to protect communities from racist gangs like the. Black people didn't start gangs. White gangs and Italian mobsters existed before Mr. Hoover and Mr. Fort were born. The 1919 race war articles list how gangs in Chicago were formed. To blame them for Chicago violence is to blame all Europeans, Romans, Italians for white supremacy,



launchings, burnings, beatings, and all the harsh things done to Hebrew-Americans from the tribe of Judah.

I have faith in God that Larry Hoover, Jeff Fort, Lori Lightfoot, JB Pritzker, and most importantly, God and the powers of Jesus and the tools he gives us to work with can turn Chicago into the city of miracles. By allowing God to use us for his glory and powers. U.S. District Judge Harry Leinenweber said that Larry Hoover could've turned his powers into something good for the community. God isn't done using him yet. He's still alive and could still make that change. Philippians 1:6 And I am sure of this that he who began a good work in you will bring it to completion at the day of Jesus Christ. God had me send Mr. Hoover the book about Nelson Mandela, The long walk to freedom. In Matthew 5:7, Blessed are the merciful, for they will be shown mercy. Hebrews 13:3 Remember those in prison, as if you were there yourself. Remember also those being mistreated, as if you felt their pain in your own bodies. Isaiah 43:18 "Remember not the former things, nor consider the things of old. Osama Bin Laden's spokesman, Adel Abdul Bary, did 25 years in federal prison for his involvement in an attack against America that killed over 200 men, women, and children. Larry Hoover and Jeff Fort's crimes aren't near as terrible. All of Larry Hoover and the majority of Jeff Fort co-defendants are free. They deserve another chance. Congressman Bobby Rush said in the article they wrote According to Scripture: "When I was a child, I spake as a child, I understood as a child, I thought as a child: but when I became a man, I put away childish things." These men are ready to help fix what they once destroyed. God bless whoever reads this and open up their hearts, mind, body, and soul heavenly father. I speak as your prophetic spokesman, have your way, lord. In Jesus's name. Amen.

Psalms 105:15, "Do not touch my chosen people, and do not hurt my prophets.

**SHEDRICK BOWES-NORTHERN AMENDED DEFENDANTS:**

**CASE NUMBER 2:21-CV-00195:**

1. SYDNEY SCOTT(WITNESS)
2. STEPHEN SMITH (SUPPOSED VICTIM)
3. FRANCOIS NORRIS(WITNESS)
4. JUDGE FREDRICK BATES (COOK COUNTY CIRCUIT COURT JUDGE),
5. EPHRAIM EADDY (COPA PUBLIC INFORMATION OFFICER)
6. ANDREA KERSTEN(COPA CHIEF OF INVESTIGATIVE OPERATIONS)
7. ANGELA HEARTS-GLASS(COPA DEPUTY CHIEF INVESTIGATOR )
8. ERICA SANDERS(COPA INVESTIGATOR)
9. DAKEITA MILLER(COPA INVESTIGATOR)
10. ILLINOIS ELECTION BOARD
11. TONI PRECKWINKLE (COOK COUNTY COMMISSIONER)
12. JONATHAN CRUZ ACEVEDO #16367 (CHICAGO POLICE OFFICER)
13. JAY ROBERT PRITZKER (ILLINOIS GOVERNOR)
14. ZAUL QUIROZ #6331 (CHICAGO POLICE OFFICER)
15. ANATHEA SMITH #19338 (CHICAGO POLICE DEPARTMENT)
16. TRACY DREW #13167 (CHICAGO POLICE DEPARTMENT)
17. KORY PIERCE #12045 (CHICAGO POLICE DEPARTMENT)
18. KELLY CUSACK #1217 (CHICAGO POLICE DEPARTMENT)
19. JOEL GORDILS #8451 (CHICAGO POLICE OFFICER)
20. CHERYL SPENCER (SYDNEY SCOTT MOTHER)
21. COOK COUNTY DEPARTMENT OF CORRECTIONS
22. COOK COUNTY CIRCUIT COURT
23. ADVOCATE TRINITY HOSPITAL
24. DARRYL AUGUSTE (COOK COUNTY STATE ATTORNEY)

  

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UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**COOK COUNTY CIRCUIT COURT**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **DOMESTIC RELATIONS DIVISION  
50 WEST WASHINGTON STREET  
RICHARD J. DALEY CENTER  
OFFICE OF THE PRESIDING JUDGE-SUITE 1901A  
CHICAGO, IL 60602**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**DARRYL AUGUSTE  
(COOK COUNTY STATE ATTORNEY)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **COOK COUNTY STATE'S ATTORNEY OFFICE  
69 W. WASHINGTON  
CHICAGO, IL 60602  
312-603-1880  
STATESATTORNEY@COOKCOUNTYIL.GOV**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

Civil Action No. **1:21-cv-03351**

**ANATHEA SMITH #19338**  
**(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ANATHEA SMITH #19338**  
**CHICAGO POLICE DEPARTMENT HEADQUARTERS**  
**3510 S. MICHIGAN AVENUE,**  
**CHICAGO, IL 60653**  
**312-746-6000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**CHERYL SPENCER**  
**(SYDNEY SCOTT MOTHER)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **CHERYL SPENCER**  
**11839 SOUTH STATE STREET**  
**CHICAGO, IL 60628**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**JOEL GORDILS #6331  
(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**CHICAGO POLICE DEPARTMENT HEADQUARTERS  
JOEL GORDILS #6331  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*:

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**KORY PIERCE #12045**

**(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

Civil Action No. **2:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **CHICAGO POLICE DEPARTMENT  
KORY PIERCE #12045  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ZAUL QUIROZ #6331  
(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **CHICAGO POLICE DEPARTMENT  
ZAUL QUIROZ #6331  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

Civil Action No. **1:21-cv-03351**

**DAVID BROWN**

**(CHICAGO POLICE DEPARTMENT CHIEF)**

*Defendant(s)*

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **DAVID BROWN  
CHICAGO POLICE DEPARTMENT  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ROBERT BOIK**

**(CHICAGO POLICE DEPARTMENT CHIEF)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ROBERT BOIK  
CHICAGO POLICE DEPARTMENT  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT



UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**CHICAGO POLICE DEPARTMENT**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**CHICAGO POLICE DEPARTMENT  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**JONATHAN CRUZ ACEVEDO #16367**  
**(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **CHICAGO POLICE DEPARTMENT HEADQUARTERS**  
**JONATHAN CRUZ ACEVEDO #16367**  
**3510 S. MICHIGAN AVENUE**  
**CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

Civil Action No. **1:21-cv-03351**

**TRACY DREW #13167**

**(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**CHICAGO POLICE DEPARTMENT  
TRACY DREW #13167  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**LORI E. LIGHTFOOT**  
**(CHICAGO MAYOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **CITY OF CHICAGO**  
**CITY HALL**  
**121 NORTH LASALLE STREET**  
**CHICAGO, IL 60602**  
**312-744-5000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**COOK COUNTY SHERIFF  
DEPARTMENT OF CORRECTION**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **COOK COUNTY SHERIFF DEPARTMENT  
3026 S. CALIFORNIA AVE.  
CHICAGO, IL 60608**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ANDREA KERSTEN  
(COPA DEPUTY CHIEF INVESTIGATOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ANDREA KERSTEN  
CIVILIAN OFFICE OF POLICE ACCOUNTABILITY  
1615 W CHICAGO AVE 4TH FLOOR  
CHICAGO, IL 60622**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**DAKEITA MILLER  
(COPA INVESTIGATOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ERICA SANDERS  
CIVILIAN OFFICE OF POLICE ACCOUNTABILITY  
1615 W CHICAGO AVE 4TH FLOOR  
CHICAGO, IL 60622**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT



UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**EPHRAIM EADDY**

**(COPA DEPUTY CHIEF INVESTIGATOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**EPHRAIM EADDY  
CIVILIAN OFFICE OF POLICE ACCOUNTABILITY  
1615 W CHICAGO AVE 4TH FLOOR  
CHICAGO, IL 60622**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ERICA SANDERS**

**(COPA DEPUTY CHIEF INVESTIGATOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ERICA SANDERS  
CIVILIAN OFFICE OF POLICE ACCOUNTABILITY  
1615 W CHICAGO AVE 4TH FLOOR  
CHICAGO, IL 60622**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**FRANCOIS NORRIS**

**(WITNESS FOR DEFENDANT STEPHEN SMITH)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **FRANCOIS NORRIS  
22857 LAWDALE AVE  
RICHTON PARK, IL 60471  
773-576-5245**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**FREDRICK BATES**  
**(COOK COUNTY CIRCUIT COURT JUDGE)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **COOK COUNTY CIRCUIT COURT MAIN OFFICE**  
**50 WEST WASHINGTON STREET**  
**RICHARD J. DALEY CENTER**  
**OFFICE OF THE PRESIDING JUDGE-SUITE 1901A**  
**CHICAGO, IL 60602**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ILLINOIS STATE BOARD OF ELECTIONS**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **ILLINOIS STATE BOARD OF ELECTIONS  
100 W. RANDOLPH, SUITE 14-100  
CHICAGO, IL 60601  
312-814-6440**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT



UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**JAY ROBERT PRITZKER**  
**(STATE OF ILLINOIS GOVERNOR)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **JAY ROBERT PRITZKER**  
**STATE OF ILLINOIS GOVERNORS OFFICE**  
**OFFICE OF THE GOVERNOR**  
**207 STATE HOUSE**  
**SPRINGFIELD, IL 62706**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**KELLY A. CUSACK #1217  
(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **KELLY A. CUSACK #1217  
CHICAGO POLICE DEPARTMENT HEADQUARTERS  
3510 S. MICHIGAN AVENUE  
CHICAGO, IL 60653  
312-746-6000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

Civil Action No. **1:21-cv-03351**

**KORY PIERCE #12045**  
**(CHICAGO POLICE DEPARTMENT)**

*Defendant(s)*

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **KORY PIERCE #12045**  
**CHICAGO POLICE DEPARTMENT HEADQUARTERS**  
**3510 S. MICHIGAN AVENUE,**  
**CHICAGO, IL 60653**  
**312-746-6000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**STEPHEN SMITH**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**STEPHEN SMITH  
7258 SOUTH OAKLEY AVENUE  
CHICAGO, IL 60636**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**SYDNEY M. SCOTT**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

**SYDNEY M. SCOTT  
11839 S. STATE STREET  
CHICAGO, IL 60628**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

*CLERK OF COURT*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**TONI PRECKWINKLE**  
**(COOK COUNTY COMMISSIONER)**

*Defendant(s)*

Civil Action No. **1:21-cv-03351**

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* **TONI PRECKWINKLE**  
**COOK COUNTY COMMISSIONER**  
**118 NORTH CLARK STREET**  
**CHICAGO, IL 60602**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT  
for the  
Northern District of Illinois

**SHEDRICK BOWES-NORTHERN**

*Plaintiff(s)*

v.

**ADVOCATE TRINITY HOSPITAL**

*Defendant(s)*

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**ADVOCATE TRINITY HOSPITAL  
2320 E 93RD ST  
CHICAGO, IL 60617  
(773) 967-2000**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

**RECEIVED**

7/12/2021

LK

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT **JOEL GORDILS #8451**

**(CHICAGO POLICE OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 S MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE DEPARTMENT**  
**5TH DISTRICT – CALUMET**  
**727 EAST 111TH ST**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**CHICAGO POLICE DEPARTMENT**

TYPE OF PROCESS

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 SOUTH MICHIGAN CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE 5th District – Calumet  
COMMANDER GLENN WHITE  
727 EAST 111TH ST  
CHICAGO, IL 60628**

Fold

Signature of Attorney/other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK U.S. DISTRICT COURT

PLAINTIFF <b>SHEDRICK BOWES-NORTHERN</b>	COURT CASE NUMBER <b>1:21-cv-03351</b>
DEFENDANT <b>DAVID BROWN</b> <b>(CHICAGO POLICE DEPARTMENT SUPERINTENDENT)</b>	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**CHICAGO POLICE DEPARTMENT**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**3510 SOUTH MICHIGAN CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE 5TH DISTRICT-CALUMET**  
**COMMANDER GLENN WHITE**  
**727 EAST 111TH ST**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**ZAUL QUIROZ #6331**

**(CHICAGO POLICE OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 SOUTH MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE DEPARTMENT**  
**5TH DISTRICT – CALUMET**  
**727 EAST 111TH ST**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

**COOK COUNTY SHERIFF DEPARTMENT OF CORRECTIONS**

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**COOK COUNTY SHERIFF DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3026 SOUTH CALIFORNIA AVENUE CHICAGO, IL 60608**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

**COOK COUNTY SHERIFF DEPARTMENT  
3026 SOUTH CALIFORNIA AVENUE  
CHICAGO, IL 60608**

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**ANDREA KERSTEN**

**(COPA PUBLIC INFORMATION OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**1615 W CHICAGO AVENUE 4TH FLOOR, CHICAGO, IL 60622**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
LK

See "Instructions to Service of Process by U.S. Marshal"

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**ANGELA HEARTS-GLASS**

**(COPA DEPUTY CHIEF INVESTIGATOR)**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**1615 W CHICAGO AVENUE 4TH FLOOR, CHICAGO, IL 60622**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**DAKEITA MILLER**

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**1615 W CHICAGO AVENUE 4TH FLOOR, CHICAGO, IL 60622**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**DAKEITA MILLER**  
**312-835-5235**

Fold

Signature of Attorney other Originator requesting service on behalf of:



PLAINTIFF



DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

### PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**EPHRAIM EADDY**

**(COPA PUBLIC INFORMATION OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**1615 W CHICAGO AVENUE 4TH FLOOR, CHICAGO, IL 60622**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**ERICA SANDERS**

**(COPA DEPUTY CHIEF INVESTIGATOR)**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA)**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**1615 W CHICAGO AVENUE 4TH FLOOR, CHICAGO, IL 60622**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT **KELLY A. CUSACK #1217**

**(CHICAGO POLICE DEPARTMENT)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 S MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE DEPARTMENT**  
**727 EAST 111TH STREET**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney other Originator requesting service on behalf of:



PLAINTIFF



DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**STATE OF ILLINOIS COOK COUNTY CIRCUIT COURT**

TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SERVE AT COOK COUNTY CIRCUIT COURT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**50 WEST WASHINGTON STREET ROOM 2600 RICHARD DALEY CENTER CHICAGO, IL 60602**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**50 WEST WASHINGTON STREET  
ROOM 2600 RICHARD DALEY CENTER  
CHICAGO, IL 60602**

Fold

Signature of Attorney (other Originator requesting service on behalf of):

*Shedrick*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

See "Instructions to Service of Process by U.S. Marshal"

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

**COOK COUNTY CIRCUIT COURT DOMESTIC RELATIONS DIVISION**

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**COOK COUNTY CIRCUIT COURT DOMESTIC RELATIONS DIVISION (RICHARD J. DALEY CENTER)**  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**50 WEST WASHINGTON STREET CHICAGO, IL 60602 SUITE 1901A**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold **DOMESTIC RELATIONS DIVISION  
50 WEST WASHINGTON STREET  
RICHARD J. DALEY CENTER  
OFFICE OF THE PRESIDING JUDGE-SUITE 1901A  
CHICAGO, IL 60602  
312-603-3025 MAIN OFFICE**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**06/08/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**FRANCOIS NORRIS**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**FRANCOIS NORRIS**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**22857 LAWDALE AVE RICHTON PARK, IL 60471**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

**FRANCOIS NORRIS CELL NUMBER 773-576-5245**

Signature of Attorney/other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**ILLINOIS STATE BOARD OF ELECTIONS**

TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE  
AT

**ILLINOIS STATE BOARD OF ELECTIONS**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**100 W. RANDOLPH, SUITE 14-100 CHICAGO, IL 60601**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**ILLINOIS BOARD OF ELECTIONS (SPRINGFIELD OFFICE)  
2329 S. MACARTHUR BLVD  
SPRINGFIELD, IL 62704  
217-782-4141**

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**ILLINOIS STATE BOARD OF ELECTIONS**

TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE  
AT

**ILLINOIS STATE BOARD OF ELECTIONS**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**100 W. RANDOLPH, SUITE 14-100 CHICAGO, IL 60601**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**ILLINOIS BOARD OF ELECTIONS (SPRINGFIELD OFFICE)  
2329 S. MACARTHUR BLVD  
SPRINGFIELD, IL 62704  
217-782-4141**

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**

7/12/2021

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

COURT CASE NUMBER  
**1:21-cv-03351**

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**CHERYL SPENCER**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SYDNEY M. SCOTT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**11839 S. STATE STREET CHICAGO, IL 60628**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHERYL SPENCER**  
**11839 S. STATE STREET**  
**CHICAGO, IL 60628**  
**312-219-1119**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT **TONI PRECKWINKLE**

**(COOK COUNTY COMMISIONER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**COOK COUNTY COMMISIONER**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**118 NORTH CLARK STREET CHICAGO, IL 60602**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney/other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

See "Instructions to Service of Process by U.S. Marshal"

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**STEPHEN SMITH**

TYPE OF PROCESS

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**STEPHEN SMITH**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**7258 SOUTH OAKLEY AVENUE CHICAGO, IL 60636**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**STEPHEN SMITH  
11839 S. STATE STREET  
CHICAGO, IL 60628**

Fold

Signature of Attorney other Originator requesting service on behalf of:



PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/2021**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**SYDNEY M. SCOTT**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SYDNEY M. SCOTT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**11839 S. STATE STREET CHICAGO, IL 60628**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**SYDNEY SCOTT  
11839 S. STATE STREET  
CHICAGO, IL 60628**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/2021**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**LORI E. LIGHTFOOT**

**(CITY OF CHICAGO MAYOR)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CITY OF CHICAGO OFFICE OF THE MAYOR**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**121 N LASALLE ST UNIT 507, CHICAGO, IL 60602**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick Bowen*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**ANATHEA SMITH #19338**

**(CHICAGO POLICE DEPARTMENT OFFICER)**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 S MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

**Chicago Police Department - Calumet  
727 E 111TH ST,  
CHICAGO, IL 60628**

Signature of Attorney/other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT **(JONATHAN CRUZ #16367)**

**(CHICAGO POLICE DEPARTMENT OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT HEADQUARTERS**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 S MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE DEPARTMENT - CALUMET**  
**727 E 111TH ST,**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney other Originator requesting service on behalf of:



PLAINTIFF



DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy  
\_\_\_\_\_

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
-------------	---	----------------	---------------	------------------	--

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

DEFENDANT

**TRACEY DREW #13167**  
**(CHICAGO POLICE DEPARTMENT OFFICER)**

COURT CASE NUMBER

**1:21-cv-03351**

TYPE OF PROCESS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**CHICAGO POLICE DEPARTMENT**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**3510 S MICHIGAN AVE, CHICAGO, IL 60653**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN**  
**1101 CUMBERLAND CROSSING DR**  
**#202**  
**VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**CHICAGO POLICE DEPARTMENT-CALUMET**  
**727 E 111TH ST,**  
**CHICAGO, IL 60628**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

**1:21-cv-03351**

DEFENDANT

**DARRYL AUGUSTE (COOK COUNTY STATE ATTORNEY)**

TYPE OF PROCESS

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**COOK COUNTY STATE ATTORNEY OFFICE**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**69 W. WASHINGTON, CHICAGO, IL 60602**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**312-603-1880  
STATESATTORNEY@COOKCOUNTYIL.GOV**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick B*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

**\$0.00**

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

DEFENDANT

**ADVOCATE TRINITY HOSPITAL**

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE  
AT

**TRINITY HOSPITAL**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**2320 E 93RD ST CHICAGO, IL 60617**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**ADVOCATE TRINITY HOSPITAL  
2320 E 93RD ST  
CHICAGO, IL 60617  
773-967-2000**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					<b>\$0.00</b>

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

**RECEIVED**  
7/12/2021  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

PLAINTIFF

**SHEDRICK BOWES-NORTHERN**

COURT CASE NUMBER

DEFENDANT

**ADVOCATE TRINITY HOSPITAL**

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

TYPE OF PROCESS

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE  
AT

**TRINITY HOSPITAL**

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**2320 E 93RD ST CHICAGO, IL 60617**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

**SHEDRICK BOWES-NORTHERN  
1101 CUMBERLAND CROSSING DR  
#202  
VALPARAISO, IN 46383**

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

**ADVOCATE TRINITY HOSPITAL  
2320 E 93RD ST  
CHICAGO, IL 60617  
773-967-2000**

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*Shedrick*

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

**312-292-1945**

DATE

**07/12/21**

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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